

Date: \_\_\_\_\_

Provider's Name: \_\_\_\_\_

Provider ID Number: \_\_\_\_\_

Provider's Address: \_\_\_\_\_

City, State and Zip \_\_\_\_\_

I hereby state, that the Child Care Provider listed above is caring for my child/children and that I, as the parent/guardian, am responsible for paying:

**Weekly:** \$ \_\_\_\_\_      **Bi-Weekly:** \$ \_\_\_\_\_      **Monthly:** \$ \_\_\_\_\_

**Children in Provider's care:**

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 7. _____ |
| 8. _____ | 9. _____ |

Parent/Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

“USDA is an equal opportunity provider and employer.”  
 6/2013 JN

